

IDENTIFICATION
REQUIRED

GRANT COUNTY HEALTH DEPARTMENT
401 S. ADAMS ST.
MARION, INDIANA 46953
(765) 651-2401 FAX (765) 651-2419

WARNING: False application,
altering, mutilating or
counterfeiting an Indiana Birth
Certificate is a criminal offense
under I.C.16-1-19-6

APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

NOTICE: Birth records are issued to the individual named in the record and/or their parent, guardian, grandparent, brother, sister, spouse or child who is over 18 years of age.

Full name at birth _____

Could this birth be recorded under any other name? Y - N If yes, what name? _____

Date of birth _____ Place of birth: City _____ County _____

Fathers full name _____

Mothers full maiden name _____

Your relationship to the person whose certificate is being requested? _____

Signature of applicant _____

Mailing address _____ City _____

State _____ Zip Code _____ Telephone Number _____

Number of certificates requesting (\$10.00 per copy) _____ Date _____